

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10150-428 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		4		4		
6		4		4		
7		4		4		
8		4		4		
9		4		4		
10	1		1			
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TOTAL IND.	5		5			
TOTAL DEP.	51		81			
TOTAL CLAIMS	56		86			

  

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